

THE TOWN OF BRANFORD, CONNECTICUT

-and-

**UNITED PUBLIC SERVICES EMPLOYEES UNION,
LOCAL #405**

TOWN HALL

Expires June 30, 2022

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TOWN OF BRANFORD

-and-

UNITED PUBLIC SERVICES EMPLOYEES UNION, LOCAL #405

This Agreement entered into by and between the Town of Branford, hereinafter referred to as the "Town", and Local 405 of United Public Services Employees Union, hereinafter referred to as the "Union".

PREAMBLE

The welfare of the Town of Branford and its employees is dependent upon the quality of service the Town renders the public. Improvements in this service, as well as productivity and efficiency, are promoted by willing cooperation between the Town management and the organization of its employees. An obligation rests upon the management, upon the Union and upon each employee to render honest, efficient and productive service. The spirit of cooperation between the management and the Union, and the employees represented thereby, being essential to efficient operation, all parties will so conduct themselves to promote this spirit.

Whenever the masculine or feminine gender is used in this Agreement, it shall be construed to refer equally to either sex.

ARTICLE I **MANAGEMENT RIGHTS**

Except as otherwise modified or restricted by an express provision of this Agreement, the Town of Branford reserves and retains solely and exclusively, whether exercised or not, all the lawful and customary rights, powers and prerogatives of management. Such rights include, but shall not be limited, to establishing standards of productivity and performance of its employees; determining the objectives of the Town of Branford and the methods and means necessary to fulfill those objectives, including the creation or the discontinuation of services, departments or programs in whole or in part, the determination of the content of job classifications; the content of job classifications for newly created positions; the determination of the qualification of employees; the appointment, promotion, assignment, direction and transfer of personnel; the suspension, demotion, discharge or any other appropriate disciplinary action against its employees; the relief from duty of its employees because of lack of work; the establishment, modification or discontinuation of reasonable work rules; and the taking of all necessary actions to carry out its objectives in emergencies.

ARTICLE II

RECOGNITION

- 2.0 All administrative and engineering employees of the Town Hall bargaining unit who work twenty (20) hours or more per week, excluding supervisory and seasonal employees.

ARTICLE III

DUES CHECK OFF

- 3.0 The Town agrees to deduct Union dues from the paycheck of each employee who has signed an authorized payroll deduction card, a sum certified by the Secretary or other authorized official of the Union. Deductions will be made from the payroll period periodically as specified, and total dues shall be forwarded by the Town to the office of the Union. Deductions shall be made the last week of each month, except when the employee is not on the payroll for that week. The Town shall not be liable for any member's dues if he is not on the payroll during that specific deduction week. These deductions shall be for the length of the Agreement.
- 3.1 The Union agrees to save the Town harmless from any damages incurred by reason of the carrying out of the deduction provisions of this Article, including the claim of an assignment of wages to the Union for membership dues. Notwithstanding the provisions of this Article, the Town reserves the right to protect the confidentiality of its records and the disclosure of these records shall be limited to matters directly related to any dispute that the Union is required to defend under this provision.

ARTICLE IV

SENIORITY

- 4.0 The seniority date for current bargaining unit employees is as it appears on the seniority list appended to this contract.

The Town will notify UPSEU and the President of Local #405 when a bargaining unit employee begins working for the Town; notification to UPSEU will be made within twenty (20) calendar days of the new employee's hire date.

- 4.1 Seniority is hereby defined as an employee's length of continuous service in the Town Hall bargaining unit, measured from his or her most recent date of entry into the bargaining unit.
- 4.2 When a new job is created or a vacancy occurs, as determined by the Town, a notice concerning the job shall be posted at first internally by the Human Resources Department for a period of five (5) working days. After this time, no further request will be accepted for such vacancy, and no grievance alleging that seniority has been violated shall be considered if an employee has not entered his/her written bid within the specified time. While the vacancy is unfilled, the Town may exercise its own discretion in the temporary filling of the vacancy by either bargaining unit members or non-bargaining unit members. The Town may fill a vacancy from outside the bargaining unit if no qualified applicant, as defined in Section 4.3, applies for the position. Further, even if a qualified applicant

applies after the five (5) day posting period, the Town, in its sole discretion, can fill the vacancy from outside the bargaining unit.

- 4.3 The principle of seniority shall govern in cases of transfer or promotion within the bargaining unit so long as the senior employee is qualified (by skill, ability, past documented work performance, education and/or certification, and physical fitness to perform the job) for the transfer or promotion. Determination of "qualified" shall be made by the appropriate authority under the circumstances (department head, supervisor, Human Resources Director or First Selectman). A determination of "not qualified" shall not be made on arbitrary, capricious or discriminatory grounds.

If the Town determines, in its sole discretion, that a promoted employee's work performance is unsatisfactory within the first ninety (90) calendar days in the new position, such employee shall be removed from the new position and may bump back into his/her prior position.

- 4.4 All new employees shall, for the first one hundred and twenty (120) calendar days of their employment, be considered probationary employees. Days lost from work for any reason beyond five (5) workdays during the probationary period shall not be counted as employment for purposes of computing the probationary period. The probationary period may be extended for a period of sixty (60) calendar days in the sole discretion of the Town. Days lost from work for any reason beyond five (5) workdays during the extension shall not be counted as employment for purposes of computing the extension period.

If retained after completion of the probationary period, these employees shall be placed upon the seniority list with seniority as of the first day of the probationary period. All such employees may be dismissed during the probationary period.

- (a) With respect to all other matters, other than dismissal, as addressed in Article IV, Section 4.4, probationary employees are covered by the terms of this agreement and shall have access to the grievance procedure for the enforcement of their rights.

- 4.5 In the event of a layoff, the affected employee shall be given at least two (2) weeks' notice in writing and the order of layoffs shall be as follows:

- a) Seasonal/Temporary help
- b) Probationary Employees (by seniority); and
- c) Full-time Employees (by seniority).

If the Town of Branford determines that a layoff is required among full-time employees, said layoff will be in the department/position, as determined by the Town of Branford. The laid off individual may bump a less senior employee in a position in which (s)he is qualified to perform, as determined by the appropriate authority (department head, Human Resource Director, supervisor or First Selectman) in the department where the individual will be assigned. A determination of "not qualified" shall not be made on arbitrary, capricious, or discriminatory grounds. An employee who "bumps" into a position pursuant to this section shall accept the current level of wages and benefits for that position.

Laid-off employees shall be subject to recall in inverse order of layoff for twelve (12) months from the date of layoff. A qualified laid off employee, as determined by the appropriate authority (department head, Human Resource Director, supervisor or first selectman), shall be accorded an opportunity for re-employment prior to new employees being hired, provided such laid off employee responded to a call to report for work not more than seven (7) calendar days after receipt of notice sent to her/him by registered mail to her/his last known post office address. If such laid off employee fails to report for work within fifteen (15) calendar days of receipt of notice sent to him/her by registered mail to her/his last known post office address, (s)he shall lose all rights of seniority, unless the Town, in its discretion, extends in writing the time in which (s)he can report for work.

- 4.6 Positions may be temporarily filled at once by other available qualified employees in the department or non-bargaining unit employees, as determined by the appropriate authority (department head, supervisor or first selectman), pending the return of laid off employees having seniority who have been notified to report for work as herein above provided.
- 4.7 The Town shall prepare and maintain, subject to examination and correction by UPSEU Representatives, a seniority list (unit wide) to record the status of each employee in the bargaining unit. UPSEU shall be provided with a copy of the seniority list and shall be notified of all changes. Each employee shall have the right to protest any error in his seniority status.
- 4.8 Seniority rights of a laid off employee will continue to accumulate while (s)he is laid off.
- 4.9 An employee's seniority shall be lost when (s)he:
 - (1) terminates voluntarily;
 - (2) is discharged for cause;
 - (3) fails to report to work in accordance with Section 4.5;
 - (4) fails to report to work upon the termination of a FMLA leave or any other authorized leave of absence;
 - (5) takes employment elsewhere during a contractual leave of absence without the express consent of the Town;
 - (6) is absent from work for three (3) consecutive days without proper notification of absence to the Town or a reason acceptable to the Town for failing to notify the Town for three (3) consecutive days;
 - (7) if the employee is absent as a result of illness, accident or injury on the job for a period equal up to but not exceeding twelve (12) months over a rolling two (2) year period; or
 - (8) is laid off in excess of recall rights as set forth in Section 4.5.

An employee whose seniority is lost for any of the reasons outlined in this paragraph and is rehired, shall be considered a new employee if (s)he is again employed by the Town. The failure of the Town to rehire such employee shall not be subject to the grievance provisions of this Agreement.

ARTICLE V
HOURS OF WORK

- 5.0 Hours of work and length of lunch breaks for employees in the bargaining unit are set forth in Appendix I.

The Town may modify the reporting time of one (1) employee of the office staff for a temporary period not to exceed eight (8) calendar weeks upon reasonable notice to the Union of five (5) full working days.

Lunch breaks shall be determined by the employee's department head.

- 5.1 Any hours an employee is required to work beyond forty (40) hours in a workweek shall be compensated at one and one-half (1 1/2) times his/her regular rate of pay.
- (a) Any hours worked on Saturday shall be compensated at one and one-half (1 1/2) times the regular rate of pay, with a minimum of three (3) hours provided that the employee has worked at least his/her regularly scheduled work week of thirty-five (35) hours, thirty-seven and one-half (37 1/2) hours or forty (40) hours during the preceding regular work week.
 - (b) Any hours worked on Sunday shall be compensated at one and one-half (1 1/2) times the regular rate of pay, with a minimum of three (3) hours provided that the employee has worked at least his/her regularly scheduled work week of thirty-five (35) hours, thirty-seven and one-half (37 1/2) hours or forty (40) hours during the preceding regular work week.
 - (c) Any hours worked on a Holiday shall be compensated at one and one-half (1 1/2) times the regular rate of pay plus the regular Holiday pay with a minimum of three (3) hours provided that the employee has worked at least his/her regularly scheduled work week of thirty-five (35) hours, thirty-seven and one-half (37 1/2) hours or forty (40) hours during the preceding regular work week.
- 5.2 Any employee called back to work after completing his/her regularly scheduled work day of seven (7) hours, seven and one-half (7 1/2) hours or eight (8) hours shall be granted a minimum of three (3) hours work at one and one-half (1 1/2) times the regular hourly rate. Time and one-half (1 1/2) shall be paid for all hours worked when an employee is called back to work.
- 5.3 An assignment of overtime work, other than emergencies shall be made at least four (4) hours in advance by the employee's supervisor.
- 5.4 All overtime work shall be distributed equally among qualified employees in each Department as far as practicable.

ARTICLE VI

WAGES AND BENEFITS

- 6.0 Wages shall be subject to this Agreement and shall be paid according to the wage scale set forth in Appendix II which is attached hereto and made a part of this Agreement. New hires will receive ninety percent (90%) of the job rate for the first six (6) months of continuous employment. From six (6) months to one (1) year of continuous employment, employees will receive ninety-five percent (95%) of the job rate. After one (1) year of continuous employment, employees will receive one hundred percent (100%) of the job rate. However, it is understood that employees who receive a promotion will not receive a lower job rate than they were paid prior to being promoted.

Employees promoted to a higher paying job will receive ninety percent (90%) of the job rate for the first six (6) months of continuous employment. From six (6) months to one (1) year of continuous employment, employees will receive ninety-five percent (95%) of the job rate. However, it is understood that an employee promoted to a higher paying job will not receive a lower job rate than they were earning at the time of the promotion.

Wage rates shall be increased in accordance with the following schedule:

Upon execution and retroactive to July 1, 2019 for employees on the payroll as of execution – 2.5%

Fiscal Year 2020-2021 – 2.5%

Fiscal Year 2021 – 2022 – 2.5%

- 6.1 The Town shall make available to its full-time employees and their dependents Medical and Prescription Drug coverage and Dental coverage (hereinafter referred to as health insurance plan(s)) on the first day of the month following an employee's date of hire, unless the employee's date of hire is the first of the month. Summary Plan descriptions are attached as Appendix III. The medical coverage shall include: Preventive Care, Medical Office Visits, Allergy Service, Diagnostic Lab and X-ray, Rehabilitative Therapy, Hospitalization, Surgery, Emergency and Urgent Care, Home Health Care, Ambulance, Durable Medical Equipment, Skilled Nursing, Prosthetics, Generic and Brand drugs. The dental component of the health plan has a deductible of \$25/\$75 which is applied to all three categories, Diagnostic and Preventive Services, Basic Services and Major Services. Diagnostic and Preventive Services, as well as Basic Services will be covered at 80%. Major Services are covered at 50%. There is a \$1,000 per member maximum per year.

All eligible employees and dependents will have the choice of enrolling in the following medical options: Century Preferred \$25 Co-Pay Plan or a \$2,000/\$4,000 HDHP.

The Town will then contribute to the employee's HSA each plan year 50% of applicable deductible for either single coverage or single plus one or family coverage. Employees must be enrolled in the HDHP for the entire plan year. The Town's contribution towards the applicable deductible for new employees who select the HDHP will be prorated based upon the month in which the employee begins employment. Employees who choose to be covered by the HDHP, but legally cannot have a HSA, will be covered by an IRS approved

Health Reimbursement Arrangement ("HRA") meaning they will be reimbursed up to 50% of the applicable deductible for out-of-pocket medical expenses incurred when utilizing the HDHP.

If an employee wants to remain or be covered by the Century Preferred \$25 Co-Pay Plan ("PPO"), the employee can "buy-up" to the PPO plan meaning the employee will pay the difference between what the Town is contributing towards the HDHP (deductible and premium) and the cost of the PPO plan.

The Town of Branford may provide medical and prescription drug benefits, as described above, through alternative carriers or through self-insurance, as long as benefits are provided on a reasonably equivalent basis. All references to specific vendors will be made generic. Employees will be notified of any change in carrier or plan administration thirty (30) days prior to said change or as soon as practicable.

- 6.1a. All members of the bargaining unit shall contribute, by authorized payroll deduction, to the premium cost of the health insurance plans, according to the following schedule. Such contributions will be deducted weekly by the Town on a pre-tax basis.

1) Effective July 1, 2019, employees shall contribute the following amounts towards the premium cost of the health insurance plans provided by the Town, by weekly payroll deduction.

HDHP 12%

2) Effective July 1, 2020, employees shall contribute the following amounts towards the premium cost of the health insurance plans provided by the Town, by weekly payroll deduction:

HDHP 13%

3) Effective July 1, 2021, employees shall contribute the following amounts towards the premium cost of the health insurance plans provided by the Town, by weekly payroll deduction:

HDHP 14%

- 6.1b Employees may elect to waive, in writing, the health insurance coverage provided above and in lieu thereof may receive an annual payment from the Town of \$1,000 for waiving coverage for each fiscal year during which the employee continues to elect not to participate in such coverage. Such payment will be issued in equal payments of \$500 in December and June of each fiscal year, and will be subject to normal employment tax withholding and deductions. To receive such payment, an eligible employee must complete and submit a form provided by the Town no later than June 1 of each fiscal year indicating his/her intent not to participate in the Town-provided insurance coverage. Further, such employees must present evidence to the Town that they are covered under another insurance program.

Employees may elect to resume health insurance coverage due to the occurrence of one of the following conditions for which documentation and a request for reinstatement must be submitted to the Human Resource Director in writing:

1. Involuntary termination of the alternative health benefit plan coverage;
2. Ineligibility of the employee and/or dependent(s) under the alternative plan;
3. The employee acquires a new dependent through marriage, birth or adoption and the new dependent is not covered by the alternative plan;
4. Coverage under the alternative plan is substantially reduced or the cost of the plan to the employee substantially increases.

Upon receipt of such request and documentation, insurance coverage provided by the Town shall be reinstated as soon as possible, including waiting periods, which may be prescribed by the applicable plan. Employees who are reinstated to insurance coverage provided by the Town shall reimburse, the Town, by payroll deduction the prorata share of any waiver payment made.

- 6.2 Life insurance will be provided to all employees after three (3) months of service in the amount of \$70,000.
- 6.3 The Town and the Union agree to accept the provisions of the Connecticut Municipal Employees Retirement Fund B ("MERF B"). Contributions made by employees to MERF B will be made on a pre-tax basis.
- 6.4 Retired employees shall be able to purchase the medical insurance which an active employee receives including prescription drugs, in force for the retiree and his/her spouse immediately prior to retirement. The retired employee shall be able to purchase said insurance at the group or COBRA rate, which will be used if the Town self-insures said coverage.

ARTICLE VII

HOLIDAYS

- 7.0 Employees shall be paid for and have the following days off as Holidays:

*1/2 day before New Year's Day	Labor Day
Washington's Birthday	Veterans Day
New Year's Day	Memorial Day
Good Friday	Thanksgiving Day
Columbus Day	Day after Thanksgiving
Fourth of July	*1/2 Day before Christmas
Martin Luther King Day	Christmas Day

(plus any additional holiday declared by the Town government, as a day off)

*Any person required to work beyond the fifth (5th) work hour shall be paid at the rate of one and one-half (1 1/2) their regular straight time hourly rate for all hours beyond four (4) on said day.

Employees must work the day before and the day after a holiday to receive holiday pay unless they submit a doctor's note or be on another paid leave of absence.

- 7.1 If a Holiday falls on a Sunday, the following Monday shall be considered the Holiday. If a Holiday falls on a Saturday, the Holiday shall be observed the preceding Friday.
- 7.2 If an emergency makes it necessary to work on a Holiday, the employee shall be paid one and one-half (1-1/2) times his regular rate of pay plus his regular Holiday pay with a minimum of three (3) hours provided the employee has worked the regularly scheduled hours of work on regular work days.

ARTICLE VIII **VACATIONS**

- 8.0 Employees hired prior to July 1, 1999, who have completed one (1) year of regular continuous service on an anniversary date of hire shall be entitled to a vacation of two (2) weeks annually plus two (2) days for a total of twelve (12) work days. Employees hired after July 1, 1999 will be entitled to ten (10) work days after one (1) year of regular continuous service on their anniversary date of hire.

Employees hired prior to July 1, 1999, who have completed five (5) years of regular continuous service on their anniversary date of hire shall be entitled to a vacation of three (3) weeks annually plus two (2) days for a total of seventeen (17) work days. Employees hired after July 1, 1999 will be entitled to fifteen (15) work days after they have completed five (5) years of regular continuous service on their anniversary date of hire.

This third week may not be taken on a single day basis unless permitted by the Selectman's Office or the Director of Human Resources.

Employees hired prior to July 1, 1999, who have completed fifteen (15) years of regular continuous service on their anniversary date of hire shall be entitled to a vacation of four (4) weeks annually plus (1) day for a total of twenty-one (21) days. Employees hired after July 1, 1999 will be entitled to twenty (20) work days after they have completed fifteen (15) years of regular continuous service on their anniversary date of hire.

Employees who have completed twenty (20) years of regular continuous service on their anniversary date of hire shall be entitled to a vacation of five (5) weeks for a total of twenty-five (25) days.

The employee may not take more than two consecutive weeks of vacation at one time, unless authorized by the First Selectman or the Director of Human Resources.

- 8.1 Employees must take all earned vacation leave during the twelve (12) month period following the anniversary date of hire on which it is earned.

- (a) Employees who are separated or terminated from the Town and who have accrued vacation to their credit at the time of separation/termination shall be paid the salary equivalent to the accrued vacation leave prorated.
- 8.2 Employees shall not be called back to work while on vacation except for emergency work. If an employee is called back to work, (s)he shall receive the regular vacation pay plus time and one-half (1 ½) for the hours worked.
- 8.3 A vacation sign-up sheet shall be posted in May for the following fiscal year.

ARTICLE IX

LEAVE PROVISIONS

- 9.0 Employees hired prior to July 1, 1996 shall receive one and one-quarter (1 1/4) days per month for a total of fifteen (15) days sick leave annually which may be accumulative to a total of one hundred and twenty (120) days. Employees hired after July 1, 1996 shall receive one (1) day per month for a total of twelve (12) days sick leave annually which may be accumulative to a total of seventy-five (75) days.

If the Human Resource Director or his/her designee suspects sick leave abuse, the Human Resource Director will meet with the Union and the suspected employee to discuss the suspected abuse. If the Human Resource Director still suspects abuse of sick time after the meeting the employee will be notified in writing that he will be required to submit a physician's note supporting the employee's next absence from work due to sickness. If the employee is covered by the Century Preferred Plan, the Town will reimburse the employee the cost of the co-pay for being seen by his physician. If the employee is covered by the HDHP, the Town will reimburse the employee for the out-of-pocket cost to be seen by his physician. The Town will not be responsible for the costs of any tests administered by the physician.

Upon the request of an employee, the Town will provide employees with three (3) personal days annually in return for a reduction of three (3) sick days annually from the number of sick days set forth above.

When an employee is out of work, sick days shall only accrue during the period of time the employee is on a covered FMLA leave.

- 9.1 Four (4) days special leave with pay shall be granted for death in the immediate family. If the burial is out of state, the employee shall receive one (1) additional day. Immediate family shall mean wife, husband, sister, mother, brother, father, children, mother-in law, father-in-law, step-parent, grandparent, grandchild or step-child. Employees shall be allowed to take no more than two (2) sick days for the death of an aunt or uncle. Extended leave may be granted for special cases with the approval of the First Selectman or his designee.
- 9.2 An employee, upon retirement, shall receive on the basis of his current wages, one hundred percent (100%) compensation for any of his unused accumulated sick leave up to a maximum of seventy (70) days as severance pay in a lump sum within one (1) month; provided, however, that no such payment shall be made to employees who resign their

employment with the Town. Employees hired after July 1, 1996, upon retirement, shall receive on the basis of his current wages, one hundred percent (100%) compensation for any of his unused accumulated sick leave up to a maximum of forty (40) days as severance pay in a lump sum within one (1) month; provided, however, that no such payment shall be made to employees who resign their employment with the Town. Employees hired after July 1, 1999, upon retirement, shall receive on the basis of his current wages, one hundred percent (100%) compensation for any of his unused accumulated sick leave up to a maximum of ten (10) days as severance pay in a lump sum within one (1) month; provided, however, that no such payment shall be made to employees who resign their employment with the Town. Employees hired after February 12, 2014, shall not receive payment upon retirement for accrued but unused accumulated sick leave.

- 9.3 Time off without loss of pay to act as pallbearer shall be granted upon request from the Union officers and the Department Head with approval of the First Selectman.
- 9.4 Leave for family or medical reasons shall be afforded in compliance with applicable federal law. Failure to return to work after a FMLA leave shall terminate an employee's seniority rights.
- 9.5 Workers' Compensation shall be supplemented by the difference in the employee's regular pay for no longer than a period of twelve (12) months over a rolling two (2) year period. In cases where the employee does have a third-party claim, he shall advise the Town Counsel or have his attorney advise the Town Counsel of the status of this third-party claim. The Town shall be entitled to reimbursement for payments made under this Section should the employee have recourse against a third party in accordance with the procedures contained in the Workers' Compensation Law.
- 9.6 Any employee who is absent from work for a period of twelve (12) months over a rolling two (2) year period, for any reason, including but not limited to an absence covered by the Workers' Compensation Act, will be required to submit a note from his/her treating physician stating that (s)he will be able to return to work, without restrictions, within thirty (30) calendar days. If the employee's treating physician states that (s)he will be able to return to work, without restrictions, within thirty (30) calendar days and the Town's doctor concurs with the employee's treating physician, the employee's job will remain open. If, however, the Town's doctor does not concur with the employee's treating physician, the employee's treating physician and the Town's physician will agree upon a physician who will examine the employee to determine if (s)he will be able to return to his/her position, without restrictions, within thirty (30) calendar days. If it is determined that the employee will not be able to return to his/her position within thirty (30) calendar days, his/her employment with the Town will be separated. Further, it is understood that if it is determined at any time during the employee's absence that (s)he, because his/her injury, will never be able to perform the essential functions of his/her position, his/her employment with the Town will be separated.

Nothing shall prohibit an employee whose employment with the Town is separated pursuant to this section from reapplying for a position with the Town in the future.

ARTICLE X
GRIEVANCE PROCEDURE

10.0 All disciplinary actions shall be applied in a fair manner and shall not be inconsistent with the infraction for which the disciplinary action is being applied. No employee shall be suspended or discharged until such action is first discussed by the First Selectman or his designee and the Union President.

(a) Disciplinary actions shall include:

1. A verbal warning;
2. A written warning;
3. Suspension without pay; and
4. Discharge.

(b) All disciplinary action must be for just cause and must be stated in writing with reason and a copy given to the employee and the Union President at the time of suspension or discharge.

(c) Oral warnings issued to an employee shall be cleared after a period of twelve (12) months as long as there are no other disciplinary actions taken during the twelve (12) month period following issuance of the oral warning. All other disciplinary action shall remain in an employee's personnel file.

10.1 The purpose of the grievance procedure is to provide an orderly method of adjusting grievances. Any employee, within the bargaining unit, having a problem concerning the interpretation or application of any provision of this agreement shall seek adjustment in accordance with the Step order listed below.

Step 1. The employee's immediate steward shall present to his/her department head or supervisor all facts available pertaining to the problem or incident, in writing, within seven (7) workdays following the time when the grievant became aware of the act, event or condition which constitutes the basis of the grievance. The department head or supervisor will respond to the grievance within seven (7) workdays of being presented with the grievance.

Step 2. If the employee and his/her representative still feel further review is necessary, the Union will request, in writing, a meeting with the Director of Human Resources within seven (7) workdays of the Step 1 response. The Director of Human Resources will respond to the grievance within seven (7) workdays after meeting with the Union.

Step 3. If the employee and his/her representative still feel further review is necessary, the Union will request, in writing, a meeting with the First Selectman within seven (7) workdays of the Step 2 response. The First Selectman shall, within ten (10) workdays, call a meeting of all the parties concerned and the Union's grievance committee and discuss the problem fully. The First Selectman may render its decision in writing, either at the end of the meeting or within seven (7) workdays after the meeting to the representative of the Union.

Step 4. In the event the employee and/or his/her Representative feel that further review is justified, he/she shall file notice of appeal within ten (10) workdays to submit the matter to arbitration before the State Board of Mediation and Arbitration or, if the Union and the Town mutually agree, to the American Arbitration Association; the costs of the American Arbitration Association shall be borne equally by both parties. The Union shall also provide the Human Resource Director with a copy of the notice of appeal. The decision of the arbitrator(s) shall be final and binding upon both parties as provided by Connecticut law. The arbitrators shall not, under any circumstances, have the authority to modify, delete, abridge or suspend in any way the provisions of this Agreement. Time extensions beyond those stipulated herein may be arrived at by mutual agreement of the parties concerned.

- 10.2 "Workdays" shall be those days that the Town Hall is open to the public.

ARTICLE XI **SAFETY AND HEALTH**

- 11.0 Both parties to this Agreement hold themselves responsible for mutual, cooperative Enforcement of safety rules and regulations.
- 11.1 Should an employee complain that his work requires him to be in unsafe or unhealthy situations, in violation of acceptable safety rules, the matter shall be considered immediately by Representatives of the Town and the Union. If the matter is not adjusted satisfactorily, the grievance may be processed according to the grievance procedure in this Agreement.

ARTICLE XII **PRIOR PRACTICE**

- 12.0 Any and all privileges enjoyed by the employees prior to the date of this Agreement will not be denied to them because of the signing of this Agreement, unless the parties through collective bargaining mutually agree to changes or have specifically waived any of these privileges.

ARTICLE XIII **UNION ACTIVITIES**

- 13.0 Union officers, not to exceed one (1) shall be allowed to attend official Union conferences without loss of pay for a period not to exceed three (3) days annually. All other Union meetings or Union business is prohibited during working hours unless approved by the Department Head or his/her designee.
- 13.1 In the event Union officials and Town officials agree to meet on grievance matters, or contract negotiations during an employee's regular working hours, employees involved shall not suffer any loss of pay for the time involved.

ARTICLE XIV
SUBCONTRACTORS

- 14.0 The Town agrees that during the term of the Agreement no work usually performed by the employees in the unit will be contracted if the subcontracting of work would result in a layoff of a bargaining unit member.

ARTICLE XV
TEMPORARY ASSIGNMENTS

- 15.0 The Town may assign bargaining unit employees or non-bargaining unit employees to temporary assignments within the bargaining unit not to exceed ninety (90) consecutive workdays.

ARTICLE XVI
EFFECTIVE DATE

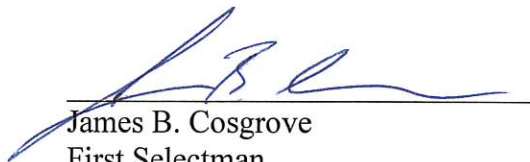
- 16.0 The date of the signing of this Agreement by the authorized Representatives of the Union and the Town shall constitute the effective date of this Agreement.
- 16.1 The Town will provide each employee with a copy of this Agreement within thirty (30) days after the signing of this Agreement. New employees will be provided with a copy of this Agreement at the time of hire. UPSEU will be provided with six (6) signed copies of this Agreement within thirty (30) days after signing of this Agreement from the Town.


This Agreement shall be in full force and effect upon signing and shall remain in effect until June 30, 2022. Thereafter, this Agreement shall be considered automatically renewed for successive periods of one year, unless either party shall, on or before one hundred twenty (120) days prior to the termination of this Agreement, serve written notice on the other party of a desire to terminate, modify or amend this Agreement.

IN WITNESS WHEREOF, the parties hereto have set their hands this 26th day of March, 2020.

FOR THE TOWN OF BRANFORD

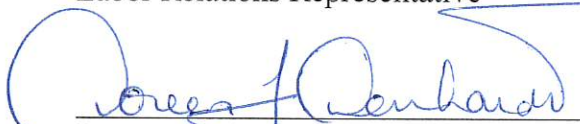
FOR UPSEU, LOCAL #405


James B. Cosgrove
First Selectman


Margaret M. Lubarda
Director of Human Resources


Kevin E. Boyle
UPSEU President


Daniel Bonfiglio
Labor Relations Representative


Doreen Denhardt
Local President

APPENDIX I

APPENDIX I
HOURS OF WORK
UPSEU TOWN HALL UNION LOCAL #405

POSITION	HOURS/WEEK	REPORTING TIME	LUNCH PERIOD
Admin. Assistant Building/Engineering	35	8:30am - 4:30pm	1 hour
Admin. Assistant Fire Department	40	7:30am - 4:00pm	30 minutes
Admin. Assistant GGB/WWTP	40	7:00am - 3:30pm	30 minutes
Admin. Assistant Planning/Zoning	35	8:30am - 4:30pm	1 hour
Admin. Assistant Police Department	35	7:30am - 3:00pm	30 minutes
Admin. Assistant Public Works	40	7:00am - 3:30pm	30 minutes
Admin. Assistant Solid Waste	40	6:45am - 3:15pm	30 minutes
Assessor Technician	35	8:30am - 4:30pm	1 hour
Assistant Assessor	35	8:30am - 4:30pm	1 hour
Assistant Tax Collector	35	8:30am - 4:30pm	1 hour
Assistant Town Clerk	35	8:30am - 4:30pm	1 hour
Assistant Town Clerk (Land Records)	35	8:30am - 4:30pm	1 hour
Associate Assessor	35	8:30am - 4:30pm	1 hour
Finance Associate- Accounts Payable	35	8:30am - 4:30pm	1 hour
Head Bookkeeper	35	8:30am - 4:30pm	1 hour
Inlands Wetlands/GIS	40	8:00am - 4:30pm	30 minutes
Land Use Customer Service Coordinator	37.5	8:00am - 4:30pm	1 hour
Police Records Assistant	35	7:30am - 3:00pm	30 minutes
Property Appraiser & Data Collector	35	8:30am - 4:30pm	1 hour
Purchasing/Tax Clerk	35	8:30am - 4:30pm	1 hour
Tax Associate (Sewers)	35	8:30am - 4:30pm	1 hour
Tax Collection Technician	35	8:30am - 4:30pm	1 hour

Revised 2/6/2020

APPENDIX II

WAGES 2019 - 2022
UPSEU TOWN HALL UNION
LOCAL #405

	HOURS	2018-2019		2019-2020		2020-2021		2021-2022	
		HOURLY	ANNUAL	HOURLY	ANNUAL	HOURLY	ANNUAL	HOURLY	ANNUAL
GROUP 1									
Assistant Tax Collector	35	\$ 30.97	\$ 56,365.40	\$ 31.74	\$ 57,766.80	\$ 32.53	\$ 59,204.60	\$ 33.34	\$ 60,678.80
Assistant Town Clerk (Land Records)	35	\$ 30.97	\$ 56,365.40	\$ 31.74	\$ 57,766.80	\$ 32.53	\$ 59,204.60	\$ 33.34	\$ 60,678.80
Associate Assessor	35	\$ 30.97	\$ 56,365.40	\$ 31.74	\$ 57,766.80	\$ 32.53	\$ 59,204.60	\$ 33.34	\$ 60,678.80
Finance Associate- Accounts Payable	35	\$ 30.97	\$ 56,365.40	\$ 31.74	\$ 57,766.80	\$ 32.53	\$ 59,204.60	\$ 33.34	\$ 60,678.80
Head Bookkeeper	35	\$ 30.97	\$ 56,365.40	\$ 31.74	\$ 57,766.80	\$ 32.53	\$ 59,204.60	\$ 33.34	\$ 60,678.80
GROUP 2									
Admin. Assistant Building/Engineering	35	\$ 26.05	\$ 47,411.00	\$ 26.70	\$ 48,594.00	\$ 27.37	\$ 49,813.40	\$ 28.05	\$ 51,051.00
Admin. Assistant Planning/Zoning	35	\$ 26.05	\$ 47,411.00	\$ 26.70	\$ 48,594.00	\$ 27.37	\$ 49,813.40	\$ 28.05	\$ 51,051.00
Admin. Assistant Police Department	35	\$ 26.05	\$ 47,411.00	\$ 26.70	\$ 48,594.00	\$ 27.37	\$ 49,813.40	\$ 28.05	\$ 51,051.00
Assistant Assessor	35	\$ 26.05	\$ 47,411.00	\$ 26.70	\$ 48,594.00	\$ 27.37	\$ 49,813.40	\$ 28.05	\$ 51,051.00
Assistant Town Clerk	35	\$ 26.05	\$ 47,411.00	\$ 26.70	\$ 48,594.00	\$ 27.37	\$ 49,813.40	\$ 28.05	\$ 51,051.00
Property Appraiser & Data Collector	35	\$ 26.05	\$ 47,411.00	\$ 26.70	\$ 48,594.00	\$ 27.37	\$ 49,813.40	\$ 28.05	\$ 51,051.00
Purchasing/Tax Clerk	35	\$ 26.05	\$ 47,411.00	\$ 26.70	\$ 48,594.00	\$ 27.37	\$ 49,813.40	\$ 28.05	\$ 51,051.00
Tax Associate (Sewers)	35	\$ 26.05	\$ 47,411.00	\$ 26.70	\$ 48,594.00	\$ 27.37	\$ 49,813.40	\$ 28.05	\$ 51,051.00
Admin. Assistant Fire Department	40	\$ 26.05	\$ 54,184.00	\$ 26.70	\$ 55,536.00	\$ 27.37	\$ 56,929.60	\$ 28.05	\$ 58,344.00
Admin. Assistant GGB/WWTP	40	\$ 26.05	\$ 54,184.00	\$ 26.70	\$ 55,536.00	\$ 27.37	\$ 56,929.60	\$ 28.05	\$ 58,344.00
Admin. Assistant Public Works	40	\$ 26.05	\$ 54,184.00	\$ 26.70	\$ 55,536.00	\$ 27.37	\$ 56,929.60	\$ 28.05	\$ 58,344.00
Inlands Wetlands/GIS	40	\$ 26.05	\$ 54,184.00	\$ 26.70	\$ 55,536.00	\$ 27.37	\$ 56,929.60	\$ 28.05	\$ 58,344.00
GROUP 3									
Assessor Technician	35	\$ 22.57	\$ 41,077.40	\$ 23.13	\$ 42,096.60	\$ 23.71	\$ 43,152.20	\$ 24.30	\$ 44,226.00
Police Records Assistant	35	\$ 22.57	\$ 41,077.40	\$ 23.13	\$ 42,096.60	\$ 23.71	\$ 43,152.20	\$ 24.30	\$ 44,226.00
Tax Collection Technician	35	\$ 22.57	\$ 41,077.40	\$ 23.13	\$ 42,096.60	\$ 23.71	\$ 43,152.20	\$ 24.30	\$ 44,226.00
Land Use Customer Service Coordinator	37.5	\$ 22.57	\$ 44,011.50	\$ 23.13	\$ 45,103.50	\$ 23.71	\$ 46,234.50	\$ 24.30	\$ 47,385.00
Admin. Assistant Solid Waste	40	\$ 22.57	\$ 46,945.60	\$ 23.13	\$ 48,110.40	\$ 23.71	\$ 49,316.80	\$ 24.30	\$ 50,544.00

APPENDIX III

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services
 Branford Town 002479-014, 030, 031, 054, 055, 056, 057, 058, 059, 100
 CENTURY PREFERRED PPO EXHIBIT III

Coverage Period: 07/01/2019–06/30/2020
 Coverage for: Individual + Family | Plan Type: PPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, <https://eoc.anthem.com/eoccdps/aso>. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call (800) 922-6621 to request a copy.

Important Questions	Answers	Why This Matters
What is the overall deductible?	\$0/individual or \$0/2-person or \$0/family for In-Network Providers. \$400/single or \$800/2-person or \$1,000/family for Out-of-Network Providers.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	No.	You will have to meet the deductible before the plan pays for any services.
Are there other deductibles for specific services?	Yes. \$50 for Out-of-Network Providers for Home Health Care. There are no other specific deductibles.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
What is the out-of-pocket limit for this plan?	\$6,600/individual or \$13,200/family for In-Network Providers. \$2,400/individual, or \$7,200/family for Out-of-Network Providers.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, Balance Billing charges, and Health Care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. PPO. See www.anthem.com or call (800) 922-6621 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

22 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$25/visit	30% coinsurance	none
	Specialist visit	\$25/visit	30% coinsurance	none
	Preventive care/screening/immunization	No charge	30% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No charge	30% coinsurance	none
	Imaging (CT/PET scans, MRIs)	\$75/visit	30% coinsurance	
If you need drugs to treat your illness or condition	Tier 1 - Typically Generic	\$5/prescription (retail) and \$10/prescription (home delivery)	30% coinsurance of the In-Network allowance plus the difference between Anthem Blue Cross and Blue Shield's payment and the pharmacist's actual charge.	
	Tier 2 - Typically Preferred / Brand	\$20/prescription (retail) and \$40/prescription (home delivery)	30% coinsurance of the In-Network allowance plus the difference between Anthem Blue Cross and Blue Shield's payment and the pharmacist's actual charge.	
	Tier 3 - Typically Non-Preferred / Specialty Drugs	\$35/prescription (retail) and \$70/prescription (home delivery)	30% coinsurance of the In-Network allowance plus the difference between Anthem Blue Cross and Blue Shield's payment and the pharmacist's actual charge.	
	Tier 4 - Typically Specialty Drugs	Not Applicable	Not Applicable	

\$750 Annual Maximum per member.
*See Prescription Drug section
Deductible and coinsurance apply after maximum above is met.

Common Medical Event	Services You May Need	When You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the less)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$150/visit	30% coinsurance	Failure to obtain preauthorization may result in non-coverage or reduced coverage.
	Physician/surgeon fees	No charge	30% coinsurance	none
	Emergency room care	\$100/visit	Covered as In-Network	Copay waived if admitted.
	Emergency medical transportation	No charge	Covered as In-Network	none
If you need immediate medical attention	Urgent care	\$75/visit	Not covered	Walk-in-centers: \$25/visit for In-Network Providers and 20% coinsurance for Non-Network Providers.
If you have a hospital stay	Facility fee (e.g., hospital room)	\$500/admission	30% coinsurance	Copay is waived if readmitted within 30 days for same diagnosis. Failure to obtain preauthorization may result in non-coverage or reduced coverage.
	Physician/surgeon fees	No charge	30% coinsurance	none
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office Visit \$25/visit Other Outpatient \$25/visit	Office Visit 30% coinsurance Other Outpatient 30% coinsurance	Office Visit none Other Outpatient none
	Inpatient services	\$500/admission	30% coinsurance	Copay is waived if readmitted within 30 days for same diagnosis. Failure to obtain preauthorization may result in non-coverage or reduced coverage.
	Office visits	\$25/visit	30% coinsurance	Copay applies to initial visit. There may be other levels of cost share that are contingent on how services are provided. Copay is waived if readmitted within 30 days for same diagnosis. Failure to obtain preauthorization may result in non-coverage or reduced coverage.
If you are pregnant	Childbirth/delivery professional services	No charge	20% coinsurance	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound)
	Childbirth/delivery facility services	\$500/admission	30% coinsurance	200 visits/benefit period
	Home health care	No charge	30% coinsurance	

* For more information about limitations and exceptions, see plan or policy document at <https://eoc.anthem.com/ncdrhvs/asn>

Common Medical Plan	Services You May Need	When You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	Rehabilitation services	\$500/per stay	30% coinsurance	*See Therapy Services section
	Habilitation services	No charge	20% coinsurance	
	Skilled nursing care	\$500/admission	30% coinsurance	
If your child needs dental or eye care	Durable medical equipment	No charge	30% coinsurance	none
	Hospice services	No charge	30% coinsurance	none
	Children's eye exam	No charge	30% coinsurance	*See Vision Services section
	Children's glasses	Not covered	Not covered	*See Dental Services section
	Children's dental check-up	Not covered	Not covered	

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- | | | |
|---|---|--|
| <ul style="list-style-type: none"> • Cosmetic surgery • Routine foot care unless you have been diagnosed with diabetes. | <ul style="list-style-type: none"> • Dental care (adult) • Weight loss programs | <ul style="list-style-type: none"> • Long-term care |
|---|---|--|

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> • Acupuncture • Hearing aids • Private-duty nursing | <ul style="list-style-type: none"> • Bariatric surgery • Infertility treatment • Routine eye care (adult) | <ul style="list-style-type: none"> • Chiropractic care 50 visits/benefit period. • Most coverage provided outside the United States www.bcbbs.com/bluecardworldwide |
|---|--|--|

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

ATTN: Grievances and Appeals, P.O. Box 1038, North Haven, CT 06473-4201

Does this plan provide Minimum Essential Coverage? Yes

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

_____ *To see examples of how this plan might cover costs for a sample medical situation, see the next section.* _____

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of prenatal care and a hospital delivery)

- ☒ The plan's overall deductible \$0
- ☒ Specialist copayment \$20
- ☒ Hospital (facility) copayment \$250
- ☒ Other coinsurance 0%

Managing Joe's Type 2 Diabetes
(3 years of routine in-person care of a well-controlled condition)

- ☒ The plan's overall deductible \$0
- ☒ Specialist copayment \$20
- ☒ Hospital (facility) copayment \$250
- ☒ Other coinsurance 0%

Mia's Simple Fracture
(an emergency room visit, surgery and follow-up care)

- ☒ The plan's overall deductible \$0
- ☒ Specialist copayment \$20
- ☒ Hospital (facility) copayment \$250
- ☒ Other coinsurance 0%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasonounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost \$12,840

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$560
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$620

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost \$7,460

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$200
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$21
The total Joe would pay is	\$221

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost \$2,010

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$285
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$285

The plan would be responsible for the other costs of these EXAMPLE E. covered services

Language Access Services:

(ITY/TDD: 711)

Albanian (Shqip): Nëse keni pyetje në lidhje me këtë dokument, keni të drejtë të merri fidas ndihmë dhe informacion në gjuhën tuaj. Për të kontaktuar me një përkatës, telefononi (800) 922-6621

Amharic (አማርኛ):- ስለዚህ ስነ- ምግባር ጥያቄ ካለዎት በራሱም ቋንቋ ሊርዳታ አና ይህን መረጃ በነጻ የምግባሪ መብት አለዎት። አስተርጓሚ, ለማናገር (800) 922-6621 ይደውሉ።

Arabic (العربية): إذا كان لديك أي استفسارات بشأن هذا المنتج، فيتحقق لك الحصول على المساعدة والمعلومات بلغتك دون مقابل. للحدث إلى مترجم، اتصل على 922-6621 (800).

Armenian (Խայկերն). Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անկճար ստանալ օգնություն և տեղեկատվություն ձեր լեզվով: Թարգմանչի հետ խոսելու համար գանգահարեք հետևյալ հեռախոսահամարով՝ (800) 922-6621:

Bassara (Bàsɔ́ wùdù): M dɔ́ dɔ́-dìe-dè bɛ́ bɛ́dè bá cɛ́e-dè mà ke dɔ́ ní, ɔ̀ mò nì dɔ́ bɛ́dàin-dè bɛ́ ò ke gbo-kpá-kpá kè bǔ kpò dè ò bɛ́-dì-wùdùnn bɔ́ pɛ́dɛ́. Bè ò ke wuɖu-zìin-nyò dò gbo wùdù ke, dǎ (800) 922-6621.

Bengali (বাংলা): যদি এই বর্ণিপত্রের বিষয়ে আপনার কোনো প্রশ্ন থাকে, তাহলে আপনার ভাষায় বিলাসন্য সাহায্য পাওয়ার ও তথ্য পাওয়ার অধিকার আপনার আছে।
একজন দোভাষীর সাথে কথা বলার জন্য (800) 922-6621 -তে কল করুন।

Burmese (မြန်မာ): ကြံစားခွက်စာတမ်းနှင့် ပတ်သက်၍ သင့်တွင် မေးမြန်းလိုသည်များရှိပါက အချက်အလက်များနှင့် အကူအညီကို အခကြေးငွေ လေးစရာလျှပ်သင့်ဘာသာစကားဖြင့် ရယူနိုင်ခွင့် သင့်တွင် ရှိပါသည်။ စကားပြန် တစ်ဦးနှင့် စကားပြောနိုင်ရန် ဖုန်း (800) 922-6621 သို့ ခေါ်ဆိုပါ။

Chinese (中文) : 如果您對本文件有任何疑問，您有權使用您的語言免費獲得協助和資訊。如需與譯員通話，請致電 (800) 922-6621。

Dinka (Dinka): Nə nəŋ thiəc nə kə də rə thoŋ, kə yim nəŋ loŋ bə yi knonɣ ku wər aļu bə gɛɛr yic yim nə thoŋ du kə cūn wəu rāuŋ kə pɪnɣ. Tə kər yim bə jəm wən rən rə thoŋ gɛɛrɣ, kə yim cəl (800) 922-6621.

Durch (Nederlands): Bij vragen over dit document hebt u recht op hulp en informatie in uw taal zonder bijkomende kosten. Als u een tolk wilt spreken, belt u (800) 922-6621.

[illegible]

French (Français) : Si vous avez des questions sur ce document, vous avez la possibilité d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (800) 922-6621.

Language Access Services:

German (Deutsch): Wenn Sie Fragen zu diesem Dokument haben, haben Sie Anspruch auf kostenfreie Hilfe und Information in Ihrer Sprache. Um mit einem Dolmetscher zu sprechen, bitte wählen Sie (800) 922-6621.

Greek (Ελληνικά): Αν έχετε τυχόν απορίες σχετικά με το παρόν έγγραφο, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας δωρεάν. Για να μιλήσετε με κάποιον διερμηνέα, τηλέφωνήστε στο (800) 922-6621.

Gujarati (ગુજરાતી): જો આ દસ્તાવેજ અંગે આપને કોઈપણ પ્રશ્નો હોય તે, કોઈપણ ભર્યો વખતે આપની ભાષામાં મદદ અને મહિતી મેળવવાનો તમને અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે, કૌલ કરો (800) 922-6621.

Haitian Creole (Kreyòl Ayisyen): Si ou gen nenpòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèpre, rele (800) 922-6621.

Hindi (हिंदी): अगर आपके पास इस दस्तावेज के बारे में कोई प्रश्न हैं, तो आपको निःशुल्क अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। दुभाषिये से बात करने के लिए, कौल करें (800) 922-6621 ।

Hmong (White Hmong): Yog tias koj muaj lus nug dab tsi ntsig txog daim ntawv no, koj muaj cai tau txais kev pab thiab lus qhia hais ua koj hom lus yam tsim xam tus nqi. Txhawm rau tham nrog tus neeg txhais lus, hu xov tooj rau (800) 922-6621.

Igbo (Igbo): O bụrụ na i nwere ajụjụ ọ bụla gbasara akwụkwọ a, i nwere ike ịnweta enyemaka na ozi n'asụsụ gị na akwụgụhi ugwu ọ bụla. Ka gị na ọkọwa okwu kwuo okwu, kpoo (800) 922-6621.

Ilokano (Ilokano): Nu addaan ka iti aniaman a saludsod panggep iti daytoy a dokumento, adda karbengam a makaala ti tulong ken informasyon babalen ti lengguahem nga awan ti bayad na. Tapno makatungtong ti maysa nga tagipatarus, awagan ti (800) 922-6621.

Indonesian (Bahasa Indonesia): Jika Anda memiliki pertanyaan mengenai dokumen ini, Anda memiliki hak untuk mendapatkan bantuan dan informasi dalam bahasa Anda tanpa biaya. Untuk berbicara dengan interpreter kami, hubungi (800) 922-6621.

Italian (Italiano): In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (800) 922-6621

Japanese (日本語): この文書について不明な点があれば、あなたにはあなたの言語で無料で支援を受け、情報を得る権利があります。通訳と話すには、(800) 922-6621 にお電話ください。

Language Access Services:

Khmer (ខ្មែរ): បើអ្នកមានសំណួរផ្សេងទៀតអំពីភាសានេះ អ្នកមានសិទ្ធិទទួលបានសេវាសម្រាប់អ្នកដោយឥតគិតថ្លៃ។
ដើម្បីដឹងកម្មវិធីអ្នកបកប្រែ សូមហៅ (800) 922-6621 ។

Kirundi (Kirundi): Ugiye ikubazo icyo ariko cose kuri iyi nyandiko, ufiye ubuho gushyirira bwo kumukira ubufasha mu ruhamya rwawe aha gutiye. Kugira umuhamya, akurira (800) 922-6621.

Korean (한국어): 본 문서에 대해 어떠한 문의 사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면 (800) 922-6621 로 문의하십시오.

Lao (ລາວ): ຖ້າທ່ານມີຄຳຖາມໃດໆກ່ຽວກັບຂອງຂ້ານີ້, ທ່ານມີສິດໄດ້ຮັບຄວາມຊ່ວຍເຫຼືອ ແລະ ຂໍ້ມູນເພີ່ມເຕີມຂອງທ່ານໃດໜຶ່ງ. ເພື່ອໄດ້ລົບກັບລາຍເລືອກ, ໃຫ້ໃບທາ (800) 922-6621.

Navaio (Dine): Dii naaltsos bika'iyii ha'bugo bina'iidikidigo na' bohónéédz'á dóó bee ahóó'í'í' t'áa ni nizaad k'eh'í bee níl hodoomih t'áadoo bááh'ílinígóó. Áta' ha'ne'iyii ha' bich'í' hadesdz'íh níná'zngoo ko'í' hodó'ílinih (800) 922-6621.

Nepali (नेपाली): यदि यो कानजानदारै तपाईंसँग केही प्रश्नहरू छन् भने, आफ्नै भाषामा त्रि:शुल्क सहयोग तथा जानकारी प्राप्त गर्न पाउने हक तपाईंसँग छ।
दोभाषेसँग कुरा गर्नका लागि, यहाँ कल गर्नुहोस् (800) 922-6621

Oromo (Oromifaa): Samadi kanaa wajjin walqabate gaffi kamijuu yoo qabduu tanaan, Gargaarsa argachuu fi odeeffannoo afaan ketim kaaffalii alla argachuu fi miigaa qabdaa. Tuujumaana dubachuu fi, (800) 922-6621 bilbilaa.

Pennsylvania Dutch (Deitsch): Wann du Frooge iwwer selle Document hoscht, du hoscht die Recht um Hilfe un Information zu gienge in dei Schprooch miigaa Koescht. Um mit en Iwwersetze zu schweize, ruff (800) 922-6621 aa.

Polish (polski): W przypadku jakiegokolwiek pytania związanego z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer (800) 922-6621.

Portuguese (Português): Se tiver quaisquer dúvidas acerca deste documento, tem o direito de solicitar ajuda e informações no seu idioma, sem qualquer custo. Para falar com um intérprete, ligue para (800) 922-6621.

Punjabi (ਪੰਜਾਬੀ): ਜੇ ਤੁਹਾਡੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹੁੰਦੇ ਹਨ ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫਤ ਵਿੱਚ ਅਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੁੰਦਾ ਹੈ। ਇੱਕ ਦੁਆਰੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (800) 922-6621 'ਤੇ ਕਾਲ ਕਰੋ।

Language Access Services:

Romanian (Română): Dacă aveți întrebări referitoare la acest document, aveți dreptul să primiți ajutor și informații în limba dumneavoastră în mod gratuit. Pentru a vă adresa unui interpret, contactați telefonice (800) 922-6621.

Russian (Русский): Если у вас есть какие-либо вопросы в отношении данного документа, вы можете право на бесплатное получение помощи и информации на вашем языке. Чтобы связаться с услугами переводчиков, позвоните по тел. (800) 922-6621.

Samoa (Samoa): Afai e iai ni ou fesili e uiga i lenei tusi, e iai lou 'aia e maua se fesoasoa ni ma faamatalaga i lou lava gugana e auoa ma se totogi. Ina ia talanoa i se tagata faailu, vili (800) 922-6621.

Serbian (Srpski): Ukoliko imate bilo kakvih pitanja u vezi sa ovim dokumentom, imate pravo da dobijete pomoć i informacije na vašem jeziku bez ikakvih troškova. Za razgovor sa prevodiocem, pozovite (800) 922-6621.

Spanish (Español): Si tiene preguntas acerca de este documento, tiene derecho a recibir ayuda e información en su idioma, sin costos. Para hablar con un intérprete, llame al (800) 922-6621.

Tagalog (Tagalog): Kung mayroon kang anumang katanungan tungkol sa dokumentong ito, may karapatan kang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Makipag-usap sa isang tagapagpaliwanag, tawagan ang (800) 922-6621.

Thai (ไทย): หากท่านมีคำถามใดๆ เกี่ยวกับเอกสารฉบับนี้ ท่านมีสิทธิ์ที่จะได้รับความช่วยเหลือข้อมูลในภาษาของท่านโดยไม่มีค่าใช้จ่าย โดยโทร (800) 922-6621 เพื่อพูดคุยกับล่าม

Ukrainian (Українська): Якщо у вас виникли запитання з приводу цього документа, ви маєте право безкоштовно отримати допомогу й інформацію вашою рідною мовою. Щоб отримати послуги перекладача, зателефонуйте за номером (800) 922-6621.

Urdu (اردو): اگر اس دستاویز کے بارے میں آپ کا کوئی سوال ہے، تو آپ کو منت اور اپنی زبان میں مفت معلومات حاصل کرنے کا حق حاصل ہے۔ کسی مشرح سے بات کرنے کے لئے، (800) 922-6621 پر کال کریں۔

Vietnamese (Tiếng Việt): Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhận sự trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để trao đổi với một thông dịch viên, hãy gọi (800) 922-6621.

Yiddish (יידיש): (אידיש): איר האבט דאס רעכט צו פארגלייבן איר שפראך מיט דעם דאקומענט, און איר קענט איר פארגלייבן איר שפראך מיט דעם דאקומענט. צו שפראכן מיט א שפראך דערנאך, רופט איר אן (800) 922-6621.

Yoruba (Yorùbá): Tí ó bá ní èrùkẹ̀yí ibeṣe nira àkòsílẹ̀ yìí, ó ní ètò láti gba àṣàwọ̀ àtí iwáńlá ní èdè rẹ̀ lófèfè. Bá wà ògboùtò kan sọdọ̀, pe (800) 922-6621.

Language Access Services:

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services
 Branford Town 002479-030, 031, 054, 054, 056, 057, 059 EXHIBIT III

Coverage Period: 07-01-2019 – 06-30-2020
 Coverage for: Individual + Family | Plan Type: CDHP



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, <https://eoc.anthem.com/eocdps/aso>. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call (800) 922-6621 to request a copy.

Important Questions	Answers	Why It's Important
What is the overall deductible?	\$2,000/single or \$4,000/family. All Providers.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.
Are there services covered before you meet your deductible?	Yes. Preventive care and Vision exam for In-Network Providers.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ . You don't have to meet deductibles for specific services.
Are there other deductibles for specific services?	No.	
What is the out-of-pocket limit for this plan?	\$2,000/single or \$4,000/family for In-Network Providers. \$5,000/single or \$10,000/family for Out-of-Network Providers.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes, PPO. See www.anthem.com or call (800) 922-6621 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

12 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	When You Will Pay		Limitations, Exceptions & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	0% coinsurance	20% coinsurance	none
	Specialist visit	0% coinsurance	20% coinsurance	none
	Preventive care/screening/immunization	No charge	20% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	Lab – Office 0% coinsurance X-Ray – Office 0% coinsurance	Lab – Office 20% coinsurance X-Ray – Office 20% coinsurance	Lab – Office none X-Ray – Office Includes coverage for Breast Tomosynthesis.
	Imaging (CT/PET scans, MRIs)	0% coinsurance	20% coinsurance	none
	Tier 1 - Typically Genetic	0% coinsurance	20% coinsurance (retail) and 20% coinsurance (home delivery)	
	Tier 2 - Typically Preferred / Brand	0% coinsurance	20% coinsurance (retail) and 20% coinsurance (home delivery)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at http://www.anthem.com/pharmacy /National	Tier 3 - Typically Non-Preferred / Specialty Drugs	0% coinsurance	20% coinsurance (retail) and 20% coinsurance (home delivery)	*See Prescription Drug section
	Tier 4 - Typically Specialty (brand and generic)	0% coinsurance	20% coinsurance (retail) and 20% coinsurance (home delivery)	
	Facility fee (e.g, ambulatory surgery center)	0% coinsurance	20% coinsurance	
	Physician/surgeon fees	0% coinsurance	20% coinsurance	
If you have outpatient surgery	Emergency room care	0% coinsurance	Covered as In-Network	none
	Emergency medical transportation	0% coinsurance	20% coinsurance	none
If you need immediate medical attention	Urgent care	0% coinsurance	Not covered	none
	Facility fee (e.g, hospital room)	0% coinsurance	20% coinsurance	none

Common Medical Issues	Services You May Need	What You Will Pay		Exclusions, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have a hospital stay If you need mental health, behavioral health, or substance abuse services	Physician/surgeon fees	0% coinsurance	20% coinsurance	none
	Outpatient services	Office Visit 0% coinsurance Other Outpatient 0% coinsurance	Office Visit 20% coinsurance Other Outpatient 20% coinsurance	Office Visit none Other Outpatient none
	Inpatient services Office visits	0% coinsurance 0% coinsurance	20% coinsurance 20% coinsurance	none
If you are pregnant	Childbirth/delivery professional services	0% coinsurance	20% coinsurance	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery facility services	0% coinsurance	20% coinsurance	
	Home health care	0% coinsurance	20% coinsurance	
If you need help recovering or have other special health needs	Rehabilitation services	0% coinsurance	20% coinsurance	*See Therapy Services section 120 days limit/benefit period.
	Habilitation services	0% coinsurance	20% coinsurance	
	Skilled nursing care	0% coinsurance	20% coinsurance	
	Durable medical equipment	0% coinsurance	20% coinsurance	
If your child needs dental or eye care	Hospice services	0% coinsurance	20% coinsurance	*See Durable Medical Equipment Section none
	Children's eye exam	No charge	20% coinsurance	
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	Not covered	Not covered	*See Dental Services section

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> • Cosmetic surgery • Glasses for a child • Routine foot care unless you have been diagnosed with diabetes. | <ul style="list-style-type: none"> • Dental care (adult) • Long-term care • Weight loss programs | <ul style="list-style-type: none"> • Dental Check-up • Private-duty nursing |
|--|---|---|

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> • Acupuncture Coverage is limited to Pain Management. • Hearing aids • Routine eye care (adult) | <ul style="list-style-type: none"> • Bariatric surgery • Infertility treatment | <ul style="list-style-type: none"> • Chiropractic/PT/OT/Chiro 50 visits/benefit period. • Most coverage provided outside the United States. See www.bcbstglobalcare.com |
|---|--|--|

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, www.cchio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

ATTN: Grievances and Appeals, P.O. Box 1038, North Haven, CT 06473-4201

Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, www.cchio.cms.gov

Does this plan provide Minimum Essential Coverage? **Yes**

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? **Yes**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of prenatal care, prenatal care, and a hospital delivery)

<input checked="" type="checkbox"/> The plan's overall deductible	\$2,000
<input checked="" type="checkbox"/> Specialist coinsurance	0%
<input checked="" type="checkbox"/> Hospital (facility) coinsurance	0%
<input checked="" type="checkbox"/> Other coinsurance	0%

This EXAMPLE event includes services like:

Specialist office visits (prenatal care)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (ultrasounds and blood work)
Specialist visit (anesthetist)

Total Example Cost \$12,840

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$2,000
Copayments	\$0
Coinsurance	\$0
<i>If that isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$2,060

Wendy is Joe's Wife
(9 years of routine prenatal care, prenatal care, and a hospital delivery)

<input checked="" type="checkbox"/> The plan's overall deductible	\$2,000
<input checked="" type="checkbox"/> Specialist coinsurance	0%
<input checked="" type="checkbox"/> Hospital (facility) coinsurance	0%
<input checked="" type="checkbox"/> Other coinsurance	0%

This EXAMPLE event includes services like:

Primary care physician office visits (including disease education)
Diagnostic tests (blood work)
Prescription drugs
Durable medical equipment (glucose meter)

Total Example Cost \$7,460

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$2,000
Copayments	\$940
Coinsurance	\$0
<i>If that isn't covered</i>	
Limits or exclusions	\$55
The total Joe would pay is	\$2,995

Mia's Simple Surgery
(Emergency room care, emergency room visit, and follow-up care)

<input checked="" type="checkbox"/> The plan's overall deductible	\$2,000
<input checked="" type="checkbox"/> Specialist coinsurance	0%
<input checked="" type="checkbox"/> Hospital (facility) coinsurance	0%
<input checked="" type="checkbox"/> Other coinsurance	0%

This EXAMPLE event includes services like:

Emergency room care (including medical supplies)
Diagnostic test (x-ray)
Durable medical equipment (crutches)
Rehabilitation services (physical therapy)

Total Example Cost \$2,010

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$1,925
Copayments	\$0
Coinsurance	\$0
<i>If that isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,925

The plan would be responsible for the other costs of these EXAMPLE covered services.

Language Access Services:

(TTY/TDD: 711)

Albanian (Shqip): Nëse keni pyetje në lidhje me këtë dokument, keni të drejtë të merreni falas ndihmë dhe informacion në gjuhën tuaj. Për të kontaktuar me një përkthyes, telefononi (800) 922-6621

Ambaia (አማርኛ): ለህዚህ ሰነድ ግንኙዎቹ ጥያቄ ካለዎት በራሱ ቋንቋ ሊርዳህ ለኖ ይህን መረጃ በነጻ የማግኘት መብት አለህ። ለስተርጓሚ ለማግኘት (800) 922-6621 ይደውሉ።

(800) 922-6621 على اتصال مع مركز المساعدة والمعلومات بلغة عربى. للتحدث إلى مترجم، اتصل على (800) 922-6621.

Armenian (հայերեն). Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անվճար ստանալ օգնություն և տեղեկատվություն ձեր լեզվով: Թարգմանչի հետ խոսելու համար գանգահարեք հետևյալ հեռախոսահամարով՝ (800) 922-6621:

Bassa (Bàsɔ̀ wùdù): M' d'yi d'yi-die-d'è b'è b'èd'è b'á c'éè-d'è nià ke d'yi ní, w' m'ò ni d'yi-b'èd'èin-d'è b'è m' ke gbo-kpá-kpá kè b'ò kpò d'è m' b'íd'í-wùdùùn b'ó p'ídyi. B'é m' k'è wu-du-z'òin-m'yò d'ò gbo wùdù ke, d'á (800) 922-6621.

Bengali (বাংলা): যদি এই নথিপত্রের বিষয়ে আপনার কোনো প্রশ্ন থাকে, তখন আপনার ভাষায় বিবাহালা সাহায্য পাওয়ার ও তথ্য পাওয়ার অধিকার আপনার আছে। একজন (দাভাঙ্গী সাথ) কথার সাহায্য (800) 922-6621 - (ত কল করুন)

Burmese (မြန်မာ): ဤစာရွက်စာတမ်းနှင့် ပတ်သက်၍ သင့်တွင် မေးမြန်းလိုသည့်များရှိပါက အချော်အလတ်များနှင့် အတူအညီတို့ အဆင့်မြင့် ဖေးစရာမလိုဘဲ သင့်ဘာသာစကားဖြင့် ရယူနိုင်ခွင့် သင့်တွင် ရှိပါသည်။ စကားပြန် တစ်ဦးနှင့် စကားပြောနိုင်ရန် ဖုန်း (800) 922-6621 သို့ ခေါ်ဆိုပါ။

Chinese (中文): 如果您對本文件有任何疑問，您有權使用您的語言免費獲得協助和資訊。如需與譯員通話，請致電 (800) 922-6621。

Dinka (Dinka): N'a naɔ thiēc ne ke de rā rā thorē, ke r'in naɔ loɔ b'e r'i kuonɔr ku wer alēu b'e geer yic yin ne thoy du ke cin wēu rāāuē ke p'unt. Te kor yin ba jam wēnē ran re thok geɽyic, ke yin col (800) 922-6621.

Dutch (Nederlands): Bij vragen over dit document hebt u recht op hulp en informatie in uw taal zonder bijkomende kosten. Als u een tolk wilt spreken, belt u (800) 922-6621.

Farsi (فارسی): در صورتی که سؤالی غیرمعمول آید، شما می توانید به رایگان و بدون هیچ هزینه ای با یک مترجم صحبت کنید. برای گفتگو با زبان مادریتان در صورتی که نیاز به ترجمه ای به زبان مادریتان دارید، با یک مترجم صحبت کنید. (800) 922-6621

French (Français): Si vous avez des questions sur ce document, vous avez la possibilité d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (800) 922-6621.

Language Access Services:

German (Deutsch): Wenn Sie Fragen zu diesem Dokument haben, haben Sie Anspruch auf kostenfreie Hilfe und Information in Ihrer Sprache. Um mit einem Dolmetscher zu sprechen, bitte wählen Sie (800) 922-6621.

Greek (Ελληνικά) Αν έχετε πυχόν ατογίες συζητά με το παρόν έγγραφο, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στην γλώσσα σας desired. Για να μιλήσετε με interpreters, τηλεφωνήστε στο (800) 922-6621.

Gujarati (ગુજરાતી): જો આ દસ્તાવેજ અંગે આપને કોઈપણ પ્રશ્ન હોય તો, કોઈપણ ભર્યો વખતે આપની ભાષામાં મદદ અને મહિતી મેળવવાનો તમને અધિકાર છે. દુભાષિય સાથે વાત કરવા માટે, કૌલ કરો (800) 922-6621.

Haitian Creole (Kreyòl Ayisyen): Si ou gen nenpòt kesyon sou dokiman sa a, ou gen dwa pou jwenn ed ak enfòmasyon nan lang ou gratis. Pou pale ak yon enitèpre, rele (800) 922-6621.

Hindi (हिंदी): अगर आपके पास इस दस्तावेज के बारे में कोई प्रश्न हैं, तो आपको निःशुल्क अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। दुभाषिये से बात करने के लिए, कॉल करें (800) 922-6621 ।

Hmong (White Hmong): Yog tias koj muaj lus nrog dab tsi ntsej txog daim ntawv no, koj muaj cai tau txais kev pab thiab lus qhia hais ua koj hom lus yam tsim xam tus nqi. Txhawm rau tham ntog tus neeg txhais lus, hu xov tooj rau (800) 922-6621.

Igbo (Igbo): O bụrụ na i nwere ajụjụ g bụla gbasara akwụkwọ a, i nwere ike inweta enyemaka na ozu n'asụsụ gị na akwụghị ugwo g bụla. Ka gị na okowa okwu kwuo okwu, kpoo (800) 922-6621.

Ilokano (Ilokano): Nu addaan ka iti aniaman a saludsod panggep iti daytoy a dokumento, adda katbengam a makaala ti tulong ken impormasyon babalen ti lengnahan nga awan ti bayad na. Tapno makatungtong ti maysa nga tagipatarus, awagan ti (800) 922-6621.

Indonesian (Bahasa Indonesia): Jika Anda memiliki pertanyaan mengenai dokumen ini, Anda memiliki hak untuk mendapatkan bantuan dan informasi dalam bahasa Anda tanpa biaya. Untuk berbicara dengan interpreter kami, hubungi (800) 922-6621.

Italian (Italiano): In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (800) 922-6621

Japanese (日本語): この文書についてなにか不明な点があれば、あなたにはあなたの言語で無料で支援を受け情報を得る権利があります。通訳と話すには、(800) 922-6621 にお電話ください。

Language Access Services:

Khmer (ខ្មែរ) ៖ បើអ្នកមានសំណួរផ្សេងទៀតអំពីឯកសារនេះ អ្នកមានសិទ្ធិទទួលបានជំនួយនិងព័ត៌មានជាភាសារបស់អ្នកដោយឥតគិតថ្លៃ។
 ផែនថ្វីងឯកជាមួយអ្នកបកប្រែ សូមហៅ (800) 922-6621 ។

Kirundi (Kirundi): Ugize ikubazo icyo arico cose kuri iyi nyandiko, ufashe uburenganzira bwo karonka ubufasha mu ruimi rwawe aha giciriro. Kugira uwigishye umusemuri, akurira (800) 922-6621.

Korean (한국어): 본 문서에 대해 어떠한 문의 사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료로 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면 (800) 922-6621 로 문의하십시오.

ໄຊຍ (ພາສາລາວ): ຖ້າທ່ານມີຄຳຖາມໃດໆກ່ຽວກັບເອກະສານນີ້, ທ່ານມີສິດໄດ້ຮັບຄວາມຊ່ວຍເຫຼືອ ແລະ ຂໍ້ມູນເປັນພາສາຂອງທ່ານໃດໜຶ່ງເພື່ອໄດ້ຮັບກັບສຳພາດພາສາ, ໃຫ້ໃຫ້ຫາ (800) 922-6621.

Navajo (Dine): Dū naaltsos bika'igii hahgo bina'iditkidgo ná bohónéedzá d'ó bee ahóó'i' t'áa ni nizaad k'ehj bee ni hodoomin t'áadoo báäh ilimígóó.
 Áta' haíne'igii ía' b'ich'i' hadesedzih múnizngó k'oj' hodililnih (800) 922-6621.

Nepbali (नेपाली): यदि यो कागजातबारे तपाईंसँग केही प्रश्नहरू छन् भने, आफ्नै माधामा नि:शुल्क सहयोग तथा जानकारी प्राप्त गर्न पाउने हक तपाईंसँग छ। दोभाषेसँग कुरा गर्नेका लागि, यहाँ कल गर्नुहोस् (800) 922-6621

Oromo (Oromifaa): Sanadi kanaa wajjin walqabate gaffi kamiyyuu yoo qabduu tanaan, Gargarsa argachuu fi odeeffanoo afaan ketiin kaffaltii alla argachuuf miingaa qabdaa. Turjumaana dubachuuf, (800) 922-6621 bilbilla.

Pennsylvania Dutch (Deutsch): Wann du Frooge iwwer selle Document hoscht, du hoscht die Recht um Hilfe un Information zu griege in dei Schprooch miains Koscht. Um mit en Iwwersetze zu schweize, ruff (800) 922-6621 aa.

Polish (polski): W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer (800) 922-6621.

Portuguese (Português): Se tiver quaisquer dúvidas acerca deste documento, tem o direito de solicitar ajuda e informações no seu idioma, sem qualquer custo. Para falar com um intérprete, ligue para (800) 922-6621.

Punjabī (ਪੰਜਾਬੀ): ਜੇ ਤੁਹਾਡੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਆਰ ਕੋਈ ਸਵਾਲ ਹੁੰਦੇ ਹਨ ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫਤ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੁੰਦਾ ਹੈ। ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (800) 922-6621 'ਤੇ ਕਾਲ ਕਰੋ।

Language Access Services:

Romanian (Română): Dacă aveți întrebări referitoare la acest document, aveți dreptul să primiți ajutor și informații în limba dumneavoastră în mod gratuit. Pentru a vă adresa unui interpret, contactați telefonice (800) 922-6621.

Russian (Русский): если у вас есть какие-либо вопросы в отношении данного документа, вы можете право на бесплатное получение помощи и информации на вашем языке. Чтобы связаться с нашим переводчиком, позвоните по тел. (800) 922-6621.

Samoaan (Samoa): Afai e iai ni ou fesili e uiga i lenei tusi, e iai lou 'aia e mafa se fesosoani ma faamatalaga i lou lava gagana e aunoa ma se tofogi. Ina ia talanoa i se tagata faalili, vili (800) 922-6621.

Serbian (Srpski): Ukoliko imate bilo kakvih pitanja u vezi sa ovim dokumentom, imate pravo da dobijete pomoć i informacije na vašem jeziku bez ikakvih troškova. Za razgovor sa prevodiocem, pozovite (800) 922-6621.

Spanish (Español): Si tiene preguntas acerca de este documento, tiene derecho a recibir ayuda e información en su idioma, sin costos. Para hablar con un intérprete, llame al (800) 922-6621.

Tagalog (Tagalog): Kung mayroon kang anumang katanungan tungkol sa dokumentong ito, may karapatan kang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Malipag-usap sa isang tagapagpaliwanag, kawagan ang (800) 922-6621.

Thani (ไทย): หากท่านมีคำถามใดๆ เกี่ยวกับเอกสารฉบับนี้ ท่านมีสิทธิ์ที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของท่านโดยไม่มีค่าใช้จ่าย โดยโทร (800) 922-6621 เพื่อพูดคุยกับล่าม

Україніан (Українська): якщо у вас виникнуть запитання з приводу цього докiмента, ви маєте право безкоштовно отримати допомiгi й iнформацiю вiдповiдно мовою. Щоб отримати послуги перекладача, зателефонуйте за номером (800) 922-6621.

Urdu (اردو): اگر اس مسئلہ کے بارے میں آپ کا کوئی سوال ہے، تو آپ کو سند اور اپنی زبان میں مفت معلومات حاصل کرنے کا حق حاصل ہے۔ کسی مزاحم سے بات کرنے کے لئے: 922-6621 (800) پر کال کریں۔

Vietnamese (Tiếng Việt): Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhân sự trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để trao đổi với một thông dịch viên, hãy gọi (800) 922-6621.

(חִשְׁדָּדִיז) (אידיש): אויב איר האט שאלות וועגן דעם דאקומענט, האט איר די רעכט צו באקומען דעם אינפארמאציע אין אייער שפראך אהן קיין פרייז. צו רעדן צו אן איבערזעצער, רופט 922-6621 (800).

Yoruba (Yorubá): *Ìlú ó bá mí ẹ̀rùkẹ̀rù ibèrè nipa àkòsílẹ̀ tùn, ó mí ẹ̀rò láti gba iṣànwò àtúnwá m'édè rẹ̀ lójú. Bá wá ọ̀gbunú kan sọ̀, pé* (800) 922-6621.

Language Access Services:

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocportal.hhs.gov/oc/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/oc/office/file/index.html>.

APPENDIX IV

APPENDIX IV- LONGEVITY

SERVICE

2-4 YEARS	\$ 240
5-7 YEARS	\$ 315
8-9 YEARS	\$ 415
10-19 YEARS	\$ 650
20 YEARS AND HIGHER	\$ 750

December 1 in any year shall be used to determine an employee's length of service, and payment under this provision shall be made by the Town during the month of December.

Effective July 1, 2008 longevity will be modified as set forth above.
Employees hired after July 1, 2008 will not be eligible to receive longevity payments.

APPENDIX V

APPENDIX V
PAYMENT FOR WORK PERFORMED IN HIGHER JOB
CLASSIFICATION

Employees assigned to work in a higher classification for four (4) or more hours during a workday will be paid at the rate of pay associated with the position in the higher classification for time spent working in said classification.

APPENDIX VI

APPENDIX VI CERTIFICATIONS

Employees who complete the following certifications will receive a one (1) time payment in the amount of \$250 (two hundred and fifty dollars) for each of the following:

Certified Connecticut Town Clerk (CCTC)

Certified Municipal Clerk (CMC)

Master Municipal Clerk (MMC)

Certified Connecticut Municipal Collector (CCMC)

Connecticut Certified Municipal Assessor I

Connecticut Certified Municipal Assessor II

Effective Fiscal Year 2016-2017 Emergency Medical Response License

Current employees who have already received payment for the above-referenced certifications shall not receive an additional payment.

Effective July 1, 2020, employees who are required by the Town to hold a certificate or license for their position as a condition of employment shall be reimbursed for the cost of the required certificate or license.

APPENDIX VII

APPENDIX VIII
SENIORITY
TOWN HALL UNION LOCAL #405

EMPLOYEE NAME	DATE OF HIRE
Cooke, Beverly A	11/9/1981
Saunders, Irene E	1/23/1989
Yester, Melinda C	8/31/1994
Heslin, Sharon A.	12/11/1997
Linke, Camille M	3/9/1998
Ross, Jane F	7/1/2000
Bartlett, Joan Marie	3/5/2001
Fisher, Celeste L.	3/15/2001
Denhardt, Doreen F	12/18/2001
Wood, Jill A	1/5/2004
Capasso, Pamela	9/7/2005
Del Rosso, Anna	6/23/2008
Ahern, Leah M.	2/24/2014
Nolan, Debra E.	6/9/2014
Martin, Michelle	6/30/2014
Graybosch II, David	9/15/2014
Pettway, Tyechia	3/9/2015
Cimino, Eileen F	8/24/2015
Nomack, Tami	5/14/2018
Pellegrino, Bernadetta	10/22/2018
McCarthy, David E.	2/4/2019
Ellis, Jane	4/15/2019

Revised 2/6/2020